



**NISQUALLY INDIAN TRIBE
TRIBAL EMPLOYMENT RIGHTS OFFICE
TERO REFERRAL APPLICATION**

Date: ____/____/____

Last: _____ First: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Native American Status

Nisqually Tribal Member: ☐ Yes ☐ No Enrollment Number: _____

Descendant/Spouse of Nisqually: ☐ Yes ☐ No Name of Tribal Member: _____

Other Tribal Member: ☐ Yes ☐ No Enrollment Number: _____

Basic Information

Do you have a valid driver's license? ☐ Yes ☐ No License Number: _____

If not, are you interested in obtaining? ☐ Yes ☐ No Do you have a CDL? ☐ Yes ☐ No

Type: _____ If not, are you interested in obtaining? ☐ Yes ☐ No

Do you belong to a Union? ☐ Yes ☐ No Local Branch: _____

Have you served in the U.S. Armed Services? ☐ Yes ☐ No Branch: _____

Type of Discharge: _____ Date of Discharge: _____

Are you classified as a disabled Veteran? ☐ Yes ☐ No Disabled Veteran status rating: _____

Do you have reliable transportation? ☐ Yes ☐ No Is fishing your usual occupation? ☐ Yes ☐ No

How many months a year?_____ Are you a student? ☐Yes ☐No

Do you have a high diploma or GED? ☐Yes ☐No If not, are you interested in obtaining?☐Yes ☐No

Will child care become a problem if you become employed? ☐Yes ☐No

Have you ever been convicted of a felony? ☐Yes ☐No

If yes, provide details: _____

Education and Training

School:_____Graduate?_____Degree:_____

School:_____Graduate?_____Degree:_____

School:_____Graduate?_____Degree:_____

School:_____Graduate?_____Degree:_____

List your work history, start with most recent:

Employer:_____Position:_____

Supervisor:_____Phone #:_____

Address:_____

Month/Year:_____Reason for leaving:_____

Employer:_____Position:_____

Supervisor:_____Phone #:_____

Address:_____

Month/Year: _____ Reason for leaving: _____

Employer: _____ Position: _____

Supervisor: _____ Phone #: _____

Address: _____

Skills Sheet - Please check all that apply

Laborer (check and put how many years' experience/journeyman)

- | | |
|--|---|
| <input type="checkbox"/> Aerial Equipment _____ | <input type="checkbox"/> Asphalt Paver/Worker _____ |
| <input type="checkbox"/> Block Layer _____ | <input type="checkbox"/> Brick Layer _____ |
| <input type="checkbox"/> Bull Dozer _____ | <input type="checkbox"/> Cable Technician _____ |
| <input type="checkbox"/> Carpenter _____ | <input type="checkbox"/> Clean Up Crew _____ |
| <input type="checkbox"/> Concrete Finishers _____ | <input type="checkbox"/> Cranes _____ |
| <input type="checkbox"/> Electrician _____ | <input type="checkbox"/> HVAC Technician _____ |
| <input type="checkbox"/> Hod Carrier _____ | <input type="checkbox"/> Industrial Trucks _____ |
| <input type="checkbox"/> Machine Operators _____ | <input type="checkbox"/> Millwrights _____ |
| <input type="checkbox"/> Mini Excavator _____ | <input type="checkbox"/> Painters _____ |
| <input type="checkbox"/> Pest Control _____ | <input type="checkbox"/> Plumbers _____ |
| <input type="checkbox"/> Road Graders _____ | <input type="checkbox"/> Roofers _____ |
| <input type="checkbox"/> Scissor Lift (and Height) _____ | <input type="checkbox"/> Skid Steer _____ |
| <input type="checkbox"/> Single Manlift _____ | <input type="checkbox"/> Stone Mason _____ |
| <input type="checkbox"/> Telephone Technician _____ | <input type="checkbox"/> Towable Boom Lift _____ |
| <input type="checkbox"/> Tractor Loader/Backhoe _____ | <input type="checkbox"/> Welder _____ |

Lawn Care:

- | | |
|---|---|
| <input type="checkbox"/> Blowers | <input type="checkbox"/> Chain Saws |
| <input type="checkbox"/> Edger | <input type="checkbox"/> Manual aerator |
| <input type="checkbox"/> Lawn mower (walking, standing, or sitting) | <input type="checkbox"/> Planting/Weeding |
| <input type="checkbox"/> Pole Trimmer | <input type="checkbox"/> Power Edger |
| <input type="checkbox"/> Pruning and bow saws | <input type="checkbox"/> Pruning and lopping saws |
| <input type="checkbox"/> Sprayer | <input type="checkbox"/> Spreader |
| <input type="checkbox"/> String Trimmer | <input type="checkbox"/> Turf Edger |
| <input type="checkbox"/> Weed Wacker | |

Tree Care:

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Chipper | <input type="checkbox"/> Stump Grinder |
| <input type="checkbox"/> Logging | <input type="checkbox"/> Tree Faller |

Healthcare/Medical field:

- | | |
|--|--|
| <input type="checkbox"/> Athletic Trainers/Coach | <input type="checkbox"/> Dental Assistants |
| <input type="checkbox"/> Dental Hygienists | <input type="checkbox"/> Dietitians and Nutritionists |
| <input type="checkbox"/> EMTs and Paramedics | <input type="checkbox"/> Exercise Physiologists |
| <input type="checkbox"/> Home Health Aids | <input type="checkbox"/> LPNs or LVNs |
| <input type="checkbox"/> Massage Therapists | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> Medical Transcriptionists | <input type="checkbox"/> Nurse Practitioners |
| <input type="checkbox"/> Occupational Health and Safety Specialist | <input type="checkbox"/> Nurse Assistant and Orderlies |
| <input type="checkbox"/> Occupational Health and Safety Technicians | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> Occupational Therapy Assistants and Aids | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Pharmacy Technician | <input type="checkbox"/> Pharmacy Assistant |
| <input type="checkbox"/> Phlebotomists | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Radiological and MRI Technologists | <input type="checkbox"/> Speech-Language Pathologists |
| <input type="checkbox"/> Medical Records and Health Information Technicians | |
| <input type="checkbox"/> Medical and Clinical Laboratory Technologists and Technicians | |

Home Health Care:

- | | |
|---|--|
| <input type="checkbox"/> CNA/NAC | <input type="checkbox"/> Home Care Aid Certification |
| <input type="checkbox"/> Home Companion | <input type="checkbox"/> Home Support Aid |
| <input type="checkbox"/> Home Care | <input type="checkbox"/> First Aid/CPR |

IT:

- | | |
|--|--|
| <input type="checkbox"/> Business Intelligence/Analytics | <input type="checkbox"/> Cloud |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Database Administration |
| <input type="checkbox"/> Help Desk and Technical Support | <input type="checkbox"/> Interpersonal |
| <input type="checkbox"/> Mobile Applications and Device Management | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Project Management | <input type="checkbox"/> Security |
| <input type="checkbox"/> Mobile Applications and Device Management | |

Clerical/Office:

- | | |
|---|---|
| <input type="checkbox"/> A/P | <input type="checkbox"/> A/R |
| <input type="checkbox"/> Answering Telephone | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Creating Documents (business letters, memos, etc.) | <input type="checkbox"/> Communication Skills |
| <input type="checkbox"/> Delivering/Opening Mail | <input type="checkbox"/> Email |
| <input type="checkbox"/> Front Desk Operations | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Greet Guests | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Interpersonal | <input type="checkbox"/> Message Taking |
| <input type="checkbox"/> Organization | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Reliability |
| <input type="checkbox"/> Respond to Inquiries | <input type="checkbox"/> Routing Phone Calls |
| <input type="checkbox"/> Schedule Meetings | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Travel Arrangements | Typing WPM_____ |

Programs: Please write down what level of experience do you have

(Beginner, Intermediate, or Advance.)

Word:_____Excel:_____SharePoint:_____

Outlook:_____Publisher:_____PowerPoint:_____

Visio:_____Cloud:_____

If there are other programs that are not listed above please write them down:

List any training you are interested in receiving:

Drug/Alcohol Testing:

Some positions may require pre-employment drug and alcohol testing. An “On the Job Training Program” placement may be dependent upon test results. Testing will be done at the employer’s expense.

I hereby affirm that all answers and statements in this application are true and complete to the best of my knowledge. I authorize an official investigation of any statements and understand that misrepresentation or omission of material facts is cause for cancellation of my application, or dismissal from employment. I agree to complete all papers and/or examinations as may be required.

Signature: _____ Date: _____

FOR T.E.R.O. OFFICE USE ONLY

Received by: _____ Date: _____